(c) Modernisation of the . Telegraph services is a continuous process.

Post of Directors Rehabilitation in Safdarjung Hospital

1663. SHRI PUTTAPAGA RADHAKRISHNA:
PROF. C. LAKSHMANNA;

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a post of Director, Rehabilitation for Safdarjung Hospital, New Delhi was advertised in 1987 by the U.P.S.C; and the same was reserved for Scheduled Caste candidate;

(b) if so, whether the said post has been filled up from amongst the Scheduled Caste candidates; and

(c) if not, what steps have been taken to fill up the said post from amongst Scheduled Caste candidates in the wake of special drive to fill up all such reserved posts?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) There is no post of Director, Rehabilitation in Safdarjung Hospital, Presumably the reference is to the post of Consultant in Rehabilitation in that hospital. This post was advertised in 1987 by U.P.S.C; as reserved for Scheduled Caste candidate failing which to be treated as unreserved.

(b) No, Sir.' U.P.S;C; was not able to recommend either a Scheduled Caste candidate or a general candidate.

(c) As per rules, the post of Consultant in Rehabilitation, Safdarjung Hos-pital is to be filled by promotion failing which by direct recruitment Since at the time when this post fell vacant there were no eligible officer who could be considered . for promotion, the post in question had to be referred to U.P.S.C; for direct recruitment. U.P.S;C; however, could not recommend any candidate after two successive advertisements giving a gap of nine months. In the meantime, one of the CHS officers in the concerned speciality had become eligible for promotion to this post. It was, therefore, decided to fill the post of Concul-tant in Rehabilitation by promotion. The post has since been filled by appointment of the CHS officer on promotion as the post primarily belongs to promotion quota.

ICMR surveillance network to monitor HIV infection

1664. SHRl D. B. CHANDRE GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the ICMR has intensified its surveillance network to monitor the trends in the prevalance of HIV infection, both among high risk and special groups and blood donors;

(b) if so, the details of positive cases of AIDS noticed in each State during the last one year; and

(c) what further steps are contemp-laced to fight this disease?

THE MINISTER OF STATE OF THE * MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM): (a) Yes. Three are 40 surveillance centres and 4 referral centres functioning in different parts of the country for screening persons belonging to high risk group.

(b) State wise persons found positive for HIV antibodies are as under;—

1.	Andhra Pradesh	8
2.	Assam	*
3.	Bihar	
4.	Chandigarh	22
5.	Delhi	45
6.	Goa	16
7.	Gujarat	5
8.	Haryana	2
9.	Himachal Pradesh	1
10	Jammu & Kashmir	2
11	Karnataka	15

12.	Kerala .			9
13.	Madhya Pradesh			19
14.	Maharashtra .			326
15.	Manipur	•		
16.	Orissa			
17.	Pondicherry .			54
18.	Rajasthan	•		••
19.	Tamil Nadu .	•		531
20.	Uttar Pradesh	•	•	3
21.	West Esngal .	•		
		TOTAL		1062

(c) Till 31st My, 1989, 30 full blown cases of AIDS were detected **Out** o^ these, 18 were Indians, All of them have expired.

Health Education and counselling is being provided to infected individuals. Regular follow-up is being maintained of all infected persons, Mass-Media including T.V and news-papers is being' used to educate the masses about preventive measures.

Formation of Physiotherapists and occupational therapists Council

1665. SHRi PUTTAPAGA RADHAKRISHNA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government's attention hag been drawn to the news item which appeared in the Nav Bharat Times dated the 13th July, 1989 to the effect that Government have sanctioned Rs. 5,00,000 for the formation of Physiotherapists and Occupational Therapists Council;

(b) if so, the details thereof and by when the proposed Council is likely to start functioning; and

(<:) ir the answer to part (a) above be in the negative, the reasons therefor?

THE MINISTER OF STATE OF THE MINTSTRY OF HEALTH! AND FAMILY WELFARE (SHRl RAFIQUE ALAM): (a) The Government have seen the news item. The Government have provided an amount of Rs, 5 lakhs for the purpose during the year 1989-90.

'(b) The matter is under process.

(c) Does not arise.

Scarcity of store$_s$ and **equipment** in telephone exchanges

1666. SHRI ARANGIL SREEDHARAN; Will the Minister of COMMUNICATIONS be pleased to state:

(a) whether it is a fact that the Telephone Exchanges invariably in all Regions are not having enough stores of stores and equipments;

(b) if so, what steps are being taken to expedite procurement of essential stores;

(c) what is the agency for procurement of stores and equipment;

(d) whether corruption and red-tapism is prevalent in the South Delhi Chank-kaya Puri Telephone Stores; and

(e) whether Telephone Connections are not being provided due to such delay in getting stores?

THE MINISTER OF STATE OF THE MINISTRY OF COMMUNICATIONS (SHRI GIRIDHAR GOMANGO); (a) No, Sir. There is no general shortage of stores However in respect of a few exchanges there is some shortage ofj spare parts. Further there is shortage in respect of Cast Iron sockets of sorts due to non-availability of Pig Iron.

(b) Orders are pending *6a* M/s I.T.I, for supply of exchange spare parts. M/s. SAIL have promised to give adequate ungraded Pig Iron this year The position is expected to improve because of this,

(c) The Material Management Section in the Telecom. Directorate is the agency for procurement of stores^

(d) and (e) No, Sir.